** DISCLOSURE OF EXTERNAL FINANCIAL AND**

**TIME COMMITMENTS FORM**

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| ***Select one of the statements below:*** | | |
| I am an EVMS Employed Faculty member who does not conduct research or have sponsored projects | I am an EVMS Employed Faculty member who conducts research or has a sponsored research project (check this option if you have in the past, or will in the future, conduct research or have a sponsored project even if you are not currently involved in a project) | I am not an EVMS employed Faculty member , but have been deemed an “Investigator” or are required to complete this Disclosure as a result of activities I conduct under the guidance of EVMS (including subrecipients) |

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| **TYPE OF DISCLOSURE:** |
| Select New, Annual or Update/Change:  NEW – I have not submitted a Disclosure Form previously and this is my disclosure of interests **for the past 12 months**.  ANNUAL – I have submitted a Disclosure Form previously and this is my Annual Disclosure in accordance with the EVMS Policy on Disclosure of Interests and/or the EVMS Policy on Conflicts of Interest in Research. This disclosure is for the 2014 calendar year. **Respond to all questions based on all of your activities during this period, regardless of whether you have, in prior years, reported some or all of them.**  UPDATE/CHANGE – I am providing an update to my Disclosure Form and/or to a previous update because of the following changes(check all that apply):  I have discovered or acquired a new financial interest that had not previously been disclosed;  I have new Private Consultation Activities that had not previously been disclosed; and/or  Other (specify): Click here to enter text.  *For updates/changes, please complete Part A and only those Sections below that you are updating/changing.* |
| **PART A: PERSONAL DATA** |
| A1. Name: Click here to enter text.    A2. Department: Click here to enter text.  A3. Other Roles for EVMS:  IRB Member  Principal Investigator  Committee(s) Member  Please list all Committees on which you serve:   |  |  | | --- | --- | | 1. Click here to enter text. | 1. Click here to enter text. | | 1. Click here to enter text. | 1. Click here to enter text. | | 1. Click here to enter text. | 1. Click here to enter text. | | 1. Click here to enter text. | 1. Click here to enter text. |   Other Role (list): Click here to enter text. |

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| **PART B: CONSULTING, OUTSIDE EMPLOYMENT, AND OTHER OUTSIDE ACTIVITIES** |
| ***Applicable Definition(s)***  *Private Consultation Activities*: means paid consultation services related to your field or discipline provided to businesses, professional societies, individuals, other institutions, private foundations, government agencies, etc. Payment may be in the form of per diem, hourly, contractual or other fee basis, including receipt of shares of stock, stock options or a partnership stake. It may also include in-kind payments such as tangible goods or paid travel for yourself and/or family members. It includes paid positions on Boards of Directors or Advisory Boards, but does not include the presentation of lectures, seminars, or teaching engagements sponsored by an institution of higher education or an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education, nor does it include service on an advisory or review panel for a federal, state or local government agency.  B1. During the reporting period, did you engage in any Private Consultation Activities? Yes No    B1.1 If yes, you must list all information about the support on the Schedule of Financial Interests page, including the type of activity and or/title of your position, amount and type of remuneration (including gifts, meals, or other “in kind” compensation) and the number of days committed to the private consultation activities.  B1.2 Did you have written agreements that addressed the arrangements above? Yes No  B2. Did you have any other outside activities, commitments, or affiliations which presented or might appear to have presented a conflict of commitment with your employment and/or relationship with EVMS? Yes No  If yes, please provide details:  Click here to enter text.  B3. Did you have any reimbursed or sponsored travel (i.e. paid on your behalf as opposed to reimbursed) related to B1 or B2?  Yes No  If yes, you must complete all of the information about the travel on the *Travel Information* schedule attached to this disclosure. |
| **PART C: FINANCIAL INTERESTS IN OUTSIDE ENTITIES** |
| ***Applicable Definition(s)***  *Covered Family Member*: Means a spouse, domestic partner, dependent children or other member of your household.  *Financial Interest*: Means anything of monetary value. Financial Interests include, but are not limited to:   * **Income** including salary, consulting payments, honoraria, reimbursed or sponsored expense including travel, royalty payments, dividends, loans from an entity, or any other payments or consideration with value. * **Equity** in the form of stock, stock options, business or commercial real estate, business or commercial loans to or from an entity, or any other investment or ownership interest. * **Management or executive position** whether paid or unpaid, such as a board member, director, officer, partner, advisor, or trustee. * **Ownership** or other interest in an entity that is proposed as a subcontractor, consortium member, lessor or otherwise involved in the project. * **Intellectual property** interest on a patent, patent application or copyright assigned or licensed to a party other than EVMS.   C1. During the Reporting Period, did you hold any Financial Interests in a business or other entity that does any of the following:   1. sponsors human subject research? Yes No 2. sponsors animal research? Yes No 3. sponsors basic science or other research? Yes No 4. develops products or has research interest which are related to your field of expertise? Yes No 5. made gifts to EVMS (or your employer) that benefited your research, clinical or teaching activities? Yes No 6. sells goods or services to EVMS (or your employer) that are used in your research, clinical or teaching activities? Yes No   C1.1 If yes to any of the above, you must list all information about the support on the *Schedule of Financial Interests (Self)*, including the name of the company, the type of relationship from A-F above and the amount and type of financial interest.  C2. During the Reporting Period, did a Covered Family Member hold any Financial Interests in a business or other entity that does any of the following:   1. sponsors human subject research? Yes No 2. sponsors animal research? Yes No 3. sponsors basic science or other research? Yes No 4. develops products or has research interest which are related to your field of expertise? Yes No 5. made gifts to EVMS (or your employer) that benefited your research, clinical or teaching activities? Yes No 6. sells goods or services to EVMS (or your employer) that are used in your research, clinical or teaching activities? Yes No   C2.1 If yes to any of the above, you must list all information about the support on the *Schedule of Financial Interests (Covered Family Member)*, including the name of the company, the type of relationship from A-F above and the amount and type of financial interest.  C3. Are you or a Covered Family Member currently a Principal or Co-Investigator for, or have you submitted a proposal to any outside funding agencies where you would receive funding from, or conduct research for the benefit of, a company listed in response to C1 or C2 above? Yes No    C3.1 If yes, please be sure to complete columns G & H in the *Schedule of Financial Interests (Self)* and/no *Schedule of Financial Interests(Covered Family Member)*. |
| **PART D: OTHER INTERESTS** |
| ***Applicable Definition(s)***  *Debarment or Suspension*: Means any action by the federal government that prevents an individual from participating in government contracts, subcontracts, loans, grants, and other assistance programs.  D1. Excluding any agreements that have been reviewed by the EVMS Office of Sponsored Programs, have you personally, or on behalf of any business entity, entered into any agreement that restricts your ability, or the ability of anyone at EVMS, to engage in the free and open exchange of the results of your research activities?  Yes No  If yes, please provide details:  Click here to enter text.  D2. Did you create, discover, or reduce to practice an invention(s) to which title has not been assigned to EVMS (or your employer)?  No Yes, and EVMS resources were used Yes, and EVMS resources were not used  If yes, please provide details:  Click here to enter text.  D3. Are you currently or have you ever been debarred or suspended from government contracting?  Yes No  If yes, please provide details:  Click here to enter text.  D4. Please describe on an attached sheet any other relationships, commitments, or activities you or any members of your family member have that might present or appear to present a conflict of interest or commitment with your Institutional Responsibilities or your responsibilities to EVMS (i.e. as a vendor, subrecipient, non-employee PI, etc.) Such relationships might include financial or fiduciary interest or uncompensated activities.  Click here to enter text. |
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| **SIGNATURES** |
| In submitting this Disclosure, I certify that the information I am providing is true to the best of my knowledge. I understand and agree that if at any time after I have submitted this Disclosure Statement, situations arise that modify, change, or otherwise raise questions about my conflicts of interest or commitment, I must promptly submit an updated Disclosure Statement (in the case of researchers the update must be completed within 30 days). I supply this information for confidential review by EVMS, and for such other limited purposes as may be required by law, regulation or contract. I do not authorize release of this Disclosure Statement for any other use.  Signature Date  **BE SURE TO SAVE THIS WORD DOCUMENT FOR EASY UPDATES** |
| I have reviewed this Disclosure and determined that a Conflict of Commitment, in accordance with the EVMS Policy on Disclosure of Interests (check one) does *or* does not exist.    Click here to enter text.  Department Head or Chair Signature Date  (Printed Name) |

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| **A**  **Name of company or source of payment** | **B**  **Disclosure type** | **C**  **# of Days, as applicable** | **D**  **Types of research this entity sponsors**  **(Select all that apply)** | **E**  **Reason for remuneration or type of financial interest** | **F**  **Amount paid, reimbursed or value of interest** | **G**  **Are you an Investigator (principal or co-) for any study by this entity?** | **H**  **Name(s) of all studies for this company** |
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| **A**  **Name of Company or Source of Payment** | **B**  **Types of Research this Entity Sponsors**  **(Check all that apply)** | **C**  **Type of Financial Interest** | **D**  **Amount Paid, Reimbursed or Value of Interest** | **E**  **Are you an Investigator (principal or co) for any study by this entity?** | **F**  **Name (s) of all Studies for this Company** |
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*Travel Information*

(Complete if you answered yes to B3 or you or your Covered Family Member selected “Travel or Travel Expense” in Column C on a

*Schedule of Commitments and Financial Interests*)

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| **Name of company or source of payment** | **Dates of Travel**    **From To** | | **Destination** | **Purpose of travel** | **Amount provided, reimbursed or value of travel** |
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**FREQUENTLY ASKED QUESTIONS**

*Q. What is the purpose of the Disclosure Form?*

*A.* This Disclosure Form is required in accordance with the EVMS Policy on Disclosure of Interests and the Policy on Conflicts of Interest in Research and Sponsored Projects, to ensure that actual or potential conflicts of interest and conflicts of commitment are properly managed.

*Q. What is a Conflict of Interest?*

A. A conflict of interest may occur if an interest, relationship or activity that could lead to personal gain for an individual or his/her family member, influences, or appears to influence, that individuals ability to exercise objectivity or impairs his/her ability to perform his/her responsibilities to EVMS.

*Q. What is a Conflict of Commitment?*

A. Another type of conflict of interest is a conflict of commitment, which may arise when external or other activities and undertakings of an individual are so substantial or demanding of that individual’s time and attention that they deprive EVMS of appropriate time and effort.

*Q. Who has to complete the Disclosure Form?*

A. All EVMS employed faculty and those individuals who have been deemed “Investigators” in accordance with the Policy on Conflicts of Interest in Research must complete this Disclosure Form, including subrecipients who do not have a policy that meets EVMS COI requirements. In addition, those individuals specifically identified by EVMS as conducting EVMS related activities through EVMS or EVMS Health Services may have to complete the form upon request.

*Q. How often must the Disclosure Form be completed?*

A. EVMS employed faculty must complete a new Disclosure Form annually. Investigators must also complete a new Disclosure Form annually for ongoing sponsored projects on which they are listed. All others are required to complete the Disclosure Form upon request by EVMS or EVMS Health Services. Note that once a Disclosure Form has been completed it must be updated in accordance with the Policy on Disclosure of Interests and/or the Policy on Conflicts of Interest in Research.

*Q. In between my annual disclosures, how should I report new activities or interests that I think may pose a conflict of interest or commitment?*

A. If you have new, or become aware of previously undisclosed activities or interests, you must update your Disclosure Form within 30 days of discovering or becoming aware of those activities or interests.

*Q. Who will have access to the information I report on this form*?

A. The Disclosure Form will be reviewed by the Chair of your Department and, if you are involved in the conduct of research, the Associate Dean for Research. It may also be reviewed by the Associate Dean for Business Affairs, Internal Audit, the Office of the General Counsel, the Office of Compliance, the Conflict of Interest Committee and the Board of Visitors Audit and Compliance Committee. EVMS may also be required, as part of its reporting or disclosure requirements, to provide this information to government entities or as otherwise required by law, regulation or contract.

*Q. Who may I contact for more information about conflict of interests and commitments or for help completing the Disclosure Form?*

A. You may contact Associate Dean for Research for guidance regarding the completion of the Disclosure Form and general reporting obligations.